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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10677
r domey reambon.	10077
Facility Name:	Loma Linda University Medical Center
Address:	11234 Anderson Street
City:	Loma Linda
Hospital Owner/Lic	ensee: Loma Linda University Medical Center
Year of Rep	porting: 2010
Contact 1 e-mail Ad	ddress:
Contact 2 e-mail Ad	ddress:
Contact 3 e-mail Ad	dress::
Name of Sub	Domitter: Loma Linda Unversity Medical Center
Submission	n Date: 1/11/2011 11:47:06 AM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	g Extension Date	Anticipated Completion Date
04	Original Plant	144004 Andorson Street	Danlage	CDCC		
01	Original Plant	11234 Anderson Street	Replace	SPC5	01/01/2015	01/01/2020
03	Main Hospital Tower - Area A	11234 Anderson Street	Replace	SPC5	01/01/2015	01/01/2020
05	Main Hospital Tower - Area C	11234 Anderson Street	Replace	SPC5	01/01/2015	01/01/2020

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ng Name: Original Plant						
Type of Service Prov	Type of Service Provided							
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery				
		Total Beds this Building	Cesarean/Deliv	Central Plant				

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Build	ing Name: Main Hospital Tower - Area	a A	
Type of Service Prov	<u>/ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery Central Plant
		Building ————————————————————————————————————		

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 05	Buildi	ing Name: Main Hospital Tower - Area	a C					
Type of Service Prov	Type of Service Provided							
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery				
X IntensiveCare	Inpatient Beds	80 Inpatient Days 2986	X Anesthesia	Newborn/ WellBaby				
X Pediatric/Adol escent	Inpatient Beds	133 Inpatient Days 8865	Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery				
		Total Beds this Building 213	Cesarean/Deliv	Central Plant				

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01 B	uilding Name: Origi	nal Plant		
Medical / Surgical ((Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03	Building Name:	Main Hospital Tower - Area A		
Medical / Surgical	(Include GYN)	Acute Respirat	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	05	Building Name:	Main Hospital Tower - Area C		
Medical / Surgical	(Include GYN)	Acute Respirat	ory Care	Acute Psychiatric	
Inpatient 302 Bed	Inpatient 9375 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 41 Bed	Inpatient 2725 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 73 Bed	Inpatient 6139 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 99 Bed	Inpatient 2986 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	515	213

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

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Building Number	Building Name	Building to be Removed
01	Original Plant	
02	Co-Generation Plant	
02A	Chiller Facility	
03	Main Hospital Tower - Area A	
05	Main Hospital Tower - Area C	
06	Northeast Wing - Schuman Pavilion	X
07A	South Wing Phase I	
07B	South Wing Phase I	П
07C	South Wing Phase I	
08	South Wing Phase 2	
08A	South Wing Phase 2	
09	Emergency Room Expansion - 1976	

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)								
Building Number:	06	Building Name:	Northeast '	Wing - Schuman Pavilion		Year of Information:	20	800
					Infor Of:	mation Current As	0′	1/04/2011
Type of Se Provided	ervices_							
Nursin	g	Inpatient Beds	0	Surgical	_	Obstetrical Sesarean/Deliv		Rehabilitation Therapy
Intensi	veCare	Inpatient Beds	0	Anesthesia				
Pediati	ric/Adol	Inpatient Beds	0	Clinical Lab		Obstetrical Lecovery		Renal Dialysis
Psychi Nursin		Inpatient Beds	0	X Radiological/ Imaging		lewborn/ /ellBaby	X	Outpatient Surgery
Obstet Ante/P	rical ostprtum	Inpatient Beds	0	Pharmaceutical	E	mergency		Central Plant
Intermo	ediate	Inpatient Beds	0	Dietetic		uclear ledicine		Support Services
Skilled	Nursing	Inpatient Beds Total Beds this Building	0	Administration				

Report Year: 2010 10677 Loma Linda University Medical Center Loma Linda Page:12 of 48 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Northeast Wing - Schuman Pavilion 2009 06 Year of Building Building Information: Number: Name: Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds 0 Total Beds this Building

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5				(0000 0000 10040 (1 1111	

Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building 06 Number:	Building Name:	Northeast \	Wing - Schuman Pavilion	Year of Information:	2010	
				Information Current As Of:		
Type of Services Provided						
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare	Inpatient Beds	0	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis	
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant	
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services	
Skilled Nursing	Inpatient Beds Total Beds this	0	Administration			
	Building					

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For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A)

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B)

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building I	Number: 06	Northeast	Wing - Schuman	Pavilion		Removal Date:		01/01/2020			
Planned Uses for the building to be removed from acute care service:											
Planned	use for building: Clir	nic	Local Authority								
<u>Inpatient</u>	services currently deli	ivered in th	e building:		Obstation			Delet 1996 Co.			
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Ш	Rehabilitation Therapy			
	IntensiveCare		Anesthesia								
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Ш	Renal Dialysis			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		X	Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		·			Central Plant			
	Intermediate Care		Dietetic		Emergency			Ochilai Fialli			
	Skilled Nursing		Administration		Nuclear Medicine			Support Services			

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Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building 06 E Number:	Building Name: [Northeast Wing - Schuman Pavilion									
Will general acutr care services and beds will be relocated to a new or retrofittrd building?											
Radiological/Imaging N/A											
Building 06 E	Building Name: [Northeast Wing - Schuman Pavilion									
Will general acutr care services ar	nd beds will be rela	ocated to a new or retrofittrd building?									
OutpatientSurgery N/A											

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Or	iginal Plant					
Type of Service	e Provided		_						
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing			Anesthesia					
	IntensiveCare		_		Ш	Obstetrical Recovery	Ш	Renal Dialysis	
П	Pediatric/Adol	· L		Clinical Lab		Newborn/		Outpatient Surgery	
				Radiological/ Imaging	Ш	WellBaby		Curgory	
	Psychiatric Nursing			Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtu	m			П	Nuclear		Support	
				Dietetic		Medicine		Services	
	Intermediate Care			Administration					
	Skilled Nursin	g							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	Main Hospital Tower	r - Area A		
Type of Service	e Provided	_				
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia	_		
	IntensiveCare	,	_	Obstetrical Recovery		Renal Dialysis
П	Pediatric/Ado	L	Clinical Lab	□ Nautana/		Outpatient Surgery
			Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtu			Nuclear		Support
	Ante/F ostpriu	"" [Dietetic	Medicine	Ш	Services
	Intermediate Care		–			
	- 5 5		Administration			
	Skilled Nursin	ıg İ				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	05 Buildin	g Name: M	ain Hospital Tower - A	Area C		
Type of Servic	e Provided					Dallat West
	Nursing	X	Surgical	Obsteti Cesare	ean/Deliv	Rehabilitation Therapy
	- -	X	Anesthesia	Obsteti	rical	Renal Dialysis
X	IntensiveCare		Clinical Lab	Recove	ery	
X	Pediatric/Adol escent	X	Radiological/	Newbo WellBa		Outpatient Surgery
	Psychiatric Nursing		Imaging			
	Obstetrical	X	Pharmaceutical	Emerge	ency	Central Plant
	Ante/Postprtum	X	Dietetic	Nuclea Medicir		Support Services
	Intermediate Care	x	Administration			
	Skilled Nursing					

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	01	Building Nar	me: Original Plant		
Configuration:	N/A				
Type of Service	e Provided				
Nu	ursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	tensiveCare		Anesthesia	Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab	Recovery	
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical	F	October Disease
	termediate		Dietetic	Emergency	Central Plant
	are			Nuclear Medicine	Support Services
Sk	killed Nursing		Administration		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	02	Building Nar	me: Co-Generation I	Plant		
Configuration:	Replace with new	SPC 5 and N	IPC 4 or NPC 5 buildi	ng		
Type of Service	Provided					
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery	
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	estetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic		Lineigency	Ochira i lan
Ca	re illed Nursing		Administration		Nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	: 02A	Building Na	me: Chiller Facility			
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	ng		
Type of Servi	ce Provided					
1	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate		Dietetic			
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 03	Building Na	me: Main Hospital To	wer - Area	а А				
Configuration :	Replace with new	SPC 5 and N	PC 5 and NPC 4 or NPC 5 building						
Type of Servi	ce Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate		Dietetic						
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	05	Building Na	me: Main Hospital T	ower - Are	а С		
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildi	ng			
Type of Service	ce Provided						
	lursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Ir	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Jursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Dbstetrical ante/Postprtum	X	Pharmaceutical		Emergency	П	Central Plant
	ntermediate Care	X	Dietetic		Nuclear Medicine	_ X	Support
	Skilled Nursing	X	Administration		radical Modifile		Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 06	Building Na	me: Northeast Win	g - Schumar	n Pavilion			
Configuration:	Remove from GAC	Service by	1/1/2020					
Type of Servi	ce Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
1 1	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	er: 07A	Building Na	me: South Wing P	hase I			
Configuration .	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	rice Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate	X	Dietetic		,		223,101.1
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	er: 07B	Building Na	me: South Wing Pha	ise I				
Configuration .	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Service Provided								
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant	
	Intermediate Care	X	Dietetic		Nuclear Medicine	_ X	Support	
	Skilled Nursing	X	Administration		Nucleal Meulchie		Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numb	er: 07C	Building Na	me: South Wing Pha	ise I						
Configuration:	N/A									
Type of Ser	Type of Service Provided									
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis			
	Pediatric/Adol escent	X	Clinical Lab		Recovery					
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant			
	Intermediate	X	Dietetic				22			
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services			

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	er: 08 Building Name: South Wing Phase 2								
Configuration .	Retrofit Conformin	g building to	NPC 4 or NPC 5						
Type of Serv	rice Provided								
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis		
X	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant		
	Intermediate	X	Dietetic				22		
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	08A	Building Na	me: South Wing P	hase 2						
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5							
Type of Service Provided										
N	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	ediatric/Adol scent	X	Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery			
	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency	П	Central Plant			
	termediate are		Dietetic							
	killed Nursing	X	Administration		Nuclear Medicine	X	Support Services			

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numb	er: 09	Building Na	me: Emergency Roc	m Expans	ion - 1976				
Configuration:	Remove from GAC	Service by	1/1/2020						
Type of Service Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant		
	Intermediate		Dietetic						
	Care Skilled Nursing		Administration		Nuclear Medicine	Ш	Support Services		

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi												
Туре	Type of Service Provided											
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
	IntensiveCare	Inpatient Beds	0		Anesthesia							
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis					
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant					
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services					
	Skilled Nursing	Inpatient Beds	0		Administration							
	Total Beds this Building		0									

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	Building Number: 02A Building Name: Chiller Facility									
Type of Service Provided										
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveC	are Inpatient Beds	0		Anesthesia						
Pediatric/A escent	dol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postp	•	0		Pharmaceutical	Emergency	Central Plant				
Intermedia Care	te Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services				
Skilled Nur	sing Inpatient Beds	0		Administration						
Total Beds Building	this	0								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building	Number: 06	Building	Name: No	ortheast Win	g - Schuman Pavilio	n					
Type o	Type of Service Provided										
N	ursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
_ In	tensiveCare	Inpatient Beds	0		Anesthesia						
1 1	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis				
	sychiatric ursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery				
	bstetrical nte/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant				
	itermediate are	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services				
SI	killed Nursing	Inpatient Beds	0		Administration						
	otal Beds this uilding		0								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ng Number: 07A											
Тур	Type of Service Provided											
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
X	IntensiveCare	Inpatient Beds	40	X	Anesthesia							
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	X Obstetrical Recovery	Renal Dialysis					
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery					
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant					
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services					
	Skilled Nursing	Inpatient Beds	0	X	Administration							
	Total Beds this Building		40									

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build												
Тур	Type of Service Provided											
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
	IntensiveCare	Inpatient Beds	41	X	Anesthesia							
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	X Obstetrical Recovery	Renal Dialysis					
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery					
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant					
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services					
	Skilled Nursing	Inpatient Beds	0	X	Administration							
	Total Beds this Building		41									

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build												
Тур	Type of Service Provided											
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
	IntensiveCare	Inpatient Beds	41	X	Anesthesia							
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	X Obstetrical Recovery	Renal Dialysis					
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery					
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant					
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services					
	Skilled Nursing	Inpatient Beds	0	X	Administration							
	Total Beds this Building		41									

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	Building Number: 08 Building Name: South Wing Phase 2						
Тур	e of Service Prov	<u>rided</u>					
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	22	X	Anesthesia		
X	Pediatric/Adol escent	Inpatient Beds	10	X	Clinical Lab	X Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration		
	Total Beds this Building		32				

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build	Building Number: 08A Building Name: South Wing Phase 2						
Тур	e of Service Prov	<u>rided</u>					
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	23		Anesthesia		
X	Pediatric/Adol escent	Inpatient Beds	10	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration		
	Total Beds this Building		33				

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ng Number: 09	Building	g Name: En	nergency Ro	oom Expansion - 1976	3	
Тур	e of Service Prov	<u>ided</u>					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

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Building Number:	2 Build	ing Name: Co-C	Generation Plant		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	0	0

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Building Number:	02A B	uilding Name: Chill	er Facility	
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds thi Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0

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Building Number:	06 Build	ding Name: Nort	heast Wing - Schuman P	avilion	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	0	0

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Building Number:	7A Build	ing Name: Sout	h Wing Phase I		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse New	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 26 Bed	Inpatient 202 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 16 Bed	Inpatient 982 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	42	40

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Building Number:	7B Build	ing Name: Sout	h Wing Phase I		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse New	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 26 Bed	Inpatient 202 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 17 Bed	Inpatient 984 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	43	41

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Building Number:	7C Build	ing Name: Sout	th Wing Phase I		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	['] Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 26 Bed	Inpatient 204 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 17 Bed	Inpatient 984 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	43	41

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Building Number:	08 Build	ling Name: Sout	h Wing Phase 2		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 10 Bed	Inpatient 7 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 23 Bed	Inpatient 550 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	33	32

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Building Number:	D8A Build	ling Name: Sout	h Wing Phase 2		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 10 Bed	Inpatient 5 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 6 Bed	Inpatient 6 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developed	nent
Inpatient 17 Bed	Inpatient 544 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	33	33

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Building Number:	09 Build	ing Name: Eme	rgency Room Expansion	- 1976	
Medical / Surgical (In	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	0	0